

11/24/80

ACKNOWLEDGEMENT SENT

Part A, Permit Process --- Internal Checklist

ID Number MO0096714829 Firm Name Safety-Kleen Corp.

PHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prm'l g Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	✓		
3	Form 1 received?	✓		
1	Form 3 received?	✓		
1 & 3	Postmarked on or before November 19, 1980?	✓		
3	Date of operation entered?	✓		
3	Date of operation on or before November 19, 1980?	✓		
Notif. record	Notifier?	✓		
"	Notified on or before August 18, 1980?	✓		
1	Form 1, XIII B signed?	✓		
3	Form 3, IX B Signed?	✓	✓	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: 3/27)

PHASE TWO ✓

1	Unsure if regulated or non-regulated?		✓
3	New facility?		
1 & 3	Core items missing? If Yes, indicate which items: Facility name___; location___; mail address___; operator info___; certification___; process info___; waste info___; owner___; sigs___.		

PHASE THREE ✓

1 & 3 Non-core items missing? If Yes, indicate which i
Maps___; photos___; drawings___; lat/long___.
Other observations and comments:



R00069365

RCRA Records Center

Received Date Stamp

NOV 24 1980

(Stamp forms also)

DATE SENT BACK 1-19-81 / 4/23 IIDATE RETURNED 3-27-81 / 5/6



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
P. O. Box 15606
KANSAS CITY, MISSOURI - 64106

ACKNOWLEDGEMENT OF APPLICATION FOR A HAZARDOUS WASTE PERMIT

This is to acknowledge that the Environmental Protection Agency has received:
(1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown in the box below, and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

EPA I.D. NUMBER

° MOD096714829
SAFETY-KLEEN CORP. 5-160-02
1227 HANLEY IND CENTER
BRENTWOOD, MO 63144

FACILITY ADDRESS

°

safety-kleen corp

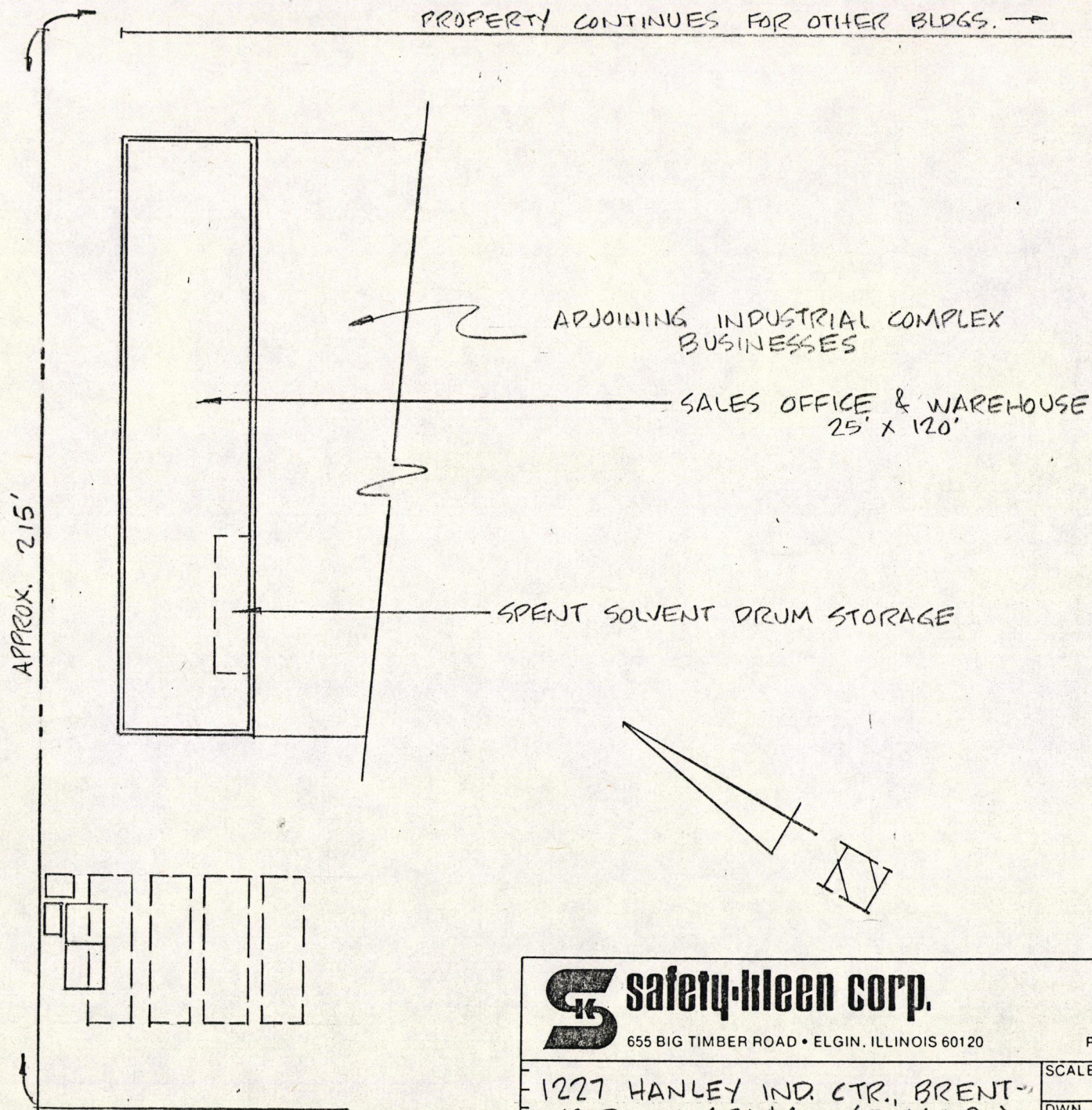


10/21/80 5-160-02



10/21/80 5-160-02

5-160-02



S safety-kleen corp.

655 BIG TIMBER ROAD • ELGIN, ILLINOIS 60120

PHONE 312/697-8460

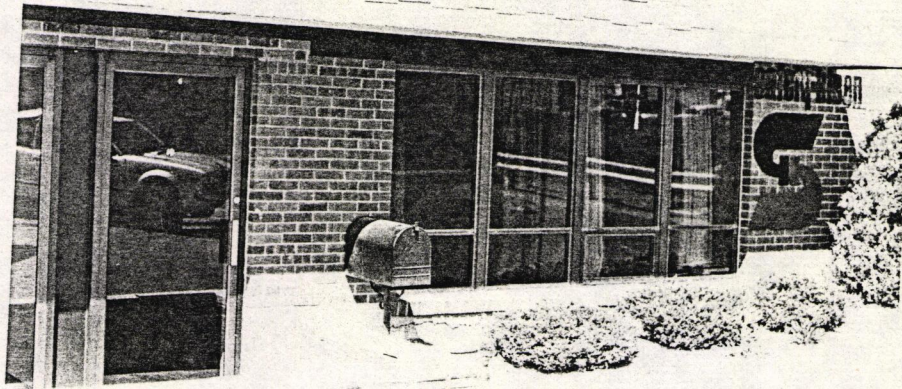
1227 HANLEY IND. CTR., BRENT-
WOOD, MO. 63144 (5-160-90)

SCALE 1" = 30'-0"

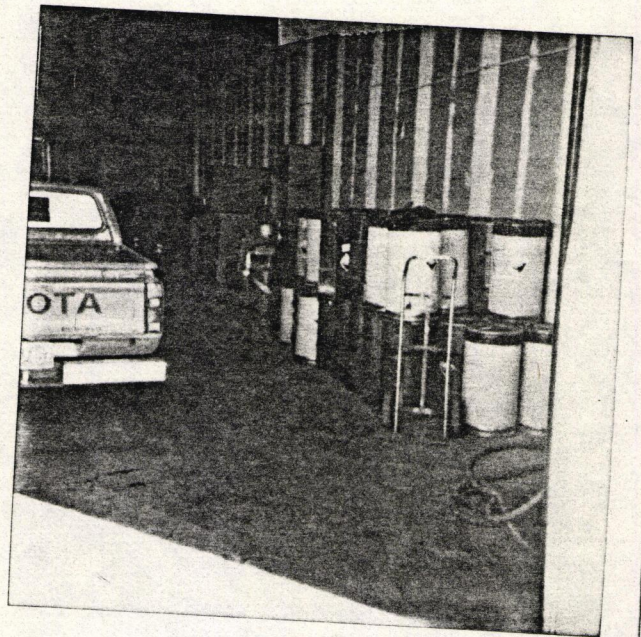
DWN. WLJ

DATE 11.10.80

safety-kleen corp



10/31/80 5-160-02



10/31/80 5-160-02

5-160-02



November 18, 1980

JS 80-130

EPA Region VII
P.O. Box 15606
Kansas City, MO 64106

Subject: Hazardous Waste Permit Applications

Attached is a photocopy of the Hazardous Waste Permit Application for the facility identified therein. Item 9 on Form 3, "Owner Certification", is unsigned on this photocopy because the original application has been sent to the Owner (landlord) and has not yet been returned to us. The signed original will be forwarded to you after we receive it from the Owner.

If the attached application has no EPA I.D. Number, it is because we have not yet received one from your office. As we were instructed by your office to do in this situation, we are submitting the application without the I.D. Number.

Our notification form was mailed to you on August 14, 1980 and we inadvertently omitted to mark "X" in box Number 1. Ignitable under Item IX. E. Please enter an X for us in that box.

We hope this approach meets with your approval.

Sincerely,



JEFF SIMPSON
Environmental Engineer

JS/keg

MOD096714829
1227 Hanley Ind Center
Brentwood, MO

NOV 24 1980



November 18, 1980

JS 80-130

EPA Region VII
P.O. Box 15606
Kansas City, MO 64106

Subject: Hazardous Waste Permit Applications

Attached is a photocopy of the Hazardous Waste Permit Application for the facility identified therein. Item 9 on Form 3, "Owner Certification", is unsigned on this photocopy because the original application has been sent to the Owner (landlord) and has not yet been returned to us. The signed original will be forwarded to you after we receive it from the Owner.

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Our notification form was mailed to you on August 14, 1980 and we inadvertently omitted to mark "X" in box Number 1, Ignitable under Item IX. E. Please enter an X for us in that box.

We hope this approach meets with your approval.

Sincerely,

JEFF SIMPSON
Environmental Engineer

JS/keg

PM 11-19

FORM 1		ENVIRONMENTAL PROTECTION AGENCY		GENERAL INFORMATION		I. EPA I.D. NUMBER	
GENERAL		EPA		Consolidated Permits Program (Read the "General Instructions" before starting.)		F M O D 0 9 6 7 1 4 8 2 9	
LABEL ITEMS						GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER						If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME							
V. FACILITY MAILING ADDRESS							
VI. FACILITY LOCATION							
PLEASE PLACE LABEL IN THIS SPACE							
II. POLLUTANT CHARACTERISTICS							
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.							
SPECIFIC QUESTIONS		MARK 'X' FORM ATTACHED		SPECIFIC QUESTIONS		MARK 'X' FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES	NO	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		YES	NO
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)				F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)				H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			
III. NAME OF FACILITY							
1 SAFETY KLEEN CORP 5-160-02							
IV. FACILITY CONTACT							
A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)			
2 SIMPSON, JEFFREY, ENVIR. ENGINEER				312 697 8460			
V. FACILITY MAILING ADDRESS							
A. STREET OR P.O. BOX							
3 655 BIG TIMBER ROAD							
B. CITY OR TOWN				C. STATE		D. ZIP CODE	
4 ELGIN				IL		60120	
VI. FACILITY LOCATION							
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER							
5 1227 HANLEY IND CENTER							
B. COUNTY NAME							
C. CITY OR TOWN				D. STATE		E. ZIP CODE	
6 BRENTWOOD				MO		63144	
						F. COUNTY CODE (if known)	

NOV 24 1980

VII. SIC CODES (4-digit, in order of priority)

A. FIRST

B. SECOND

C	7	(specify)
15	7 3 9 9	Business Services N.E.C.
C	7	(specify)
15	5 0 8 4	Industrial Machinery & Equipment

C	7	(specify)
15	1 7 2	Petroleum Product Wholesalers
C	7	(specify)
15	0 1 3	Automotive Parts & Accessories

VIII. OPERATOR INFORMATION

A. NAME

B. Is the name listed in Item VIII-A also the owner?

C	8	S A F E T Y K L E E N C O R P E L G I N I E
15		

☐ YES ☒ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

D. PHONE (area code & no.)

F = FEDERAL	M = PUBLIC (other than federal or state)	(specify)
S = STATE	O = OTHER (specify)	
P = PRIVATE		

E. STREET OR P.O. BOX

C	6	5 5 B I G T I M B E R R O A D
15		

F. CITY OR TOWN

G. STATE

H. ZIP CODE

IX. INDIAN LAND

Is the facility located on Indian lands?

C	B	E L G I N
15		

☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

D. PSD (Air Emissions from Proposed Sources)

C	9	N
15		

B. UIC (Underground Injection of Fluids)

E. OTHER (specify)

C	9	U
15		

C. RCRA (Hazardous Wastes)

E. OTHER (specify)

C	9	R
15		

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

This location is primarily a local sales/service office and warehouse for Safety-Kleen products consisting of small parts cleaning equipment, solvent and allied products such as hand cleaner, floor cleaner, parts washing brushes, etc. Two types of parts cleaning solvent are used with our equipment. All spent solvents of both types are collected for recycling and reuse. The equipment and solvent is leased to our customers and at a regular interval clean solvent is exchanged for spent solvent and the latter is temporarily stored at this location until it is transported to our solvent plants for recycling by distillation. One of the two solvents is listed as a "hazardous waste from nonspecific sources" and is usually stored for less than 30 days in partially filled 16 gallon drums in the warehouse. For that reason this facility is classified as a storage facility.

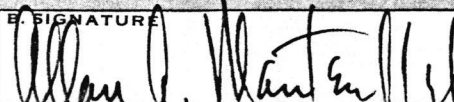
XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

B. SIGNATURE

C. DATE SIGNED

ALLAN A. MANTEUFFEL, VICE PRESIDENT
TECHNICAL SERVICES


November 18, 1980

COMMENTS FOR OFFICIAL USE ONLY

C	
15	

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

STATE OF MISSOURI
GEOLOGICAL SURVEY AND WATER RESOURCES



FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
			FMOD0967148291											

FOR OFFICIAL USE ONLY														
APPLICATION APPROVED					DATE RECEIVED (yr., mo., & day)					COMMENTS				
23					24					29				

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY
8	7	3

YR.	MO.	DAY

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C														
DUP														
T/A C														
1														
12														
13 14 15														
16 17 18 19														
20 21 22 23 24 25 26 27 28 29 30 31 32														
33 34 35 36 37 38 39 40 41 42 43 44 45														
46 47 48 49 50 51 52 53 54 55 56 57 58 59 60														
61 62 63 64 65 66 67 68 69 70 71 72 73 74 75														
76 77 78 79 80 81 82 83 84 85 86 87 88 89 90														
91 92 93 94 95 96 97 98 99 100														

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

<u>ENGLISH UNIT OF MEASURE</u>	<u>CODE</u>
POUNDS.....	P
TONS.....	T

<u>METRIC UNIT OF MEASURE</u>	<u>CODE</u>
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA Form 3510-3 (6-80)

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)											
5											T/A/C
1	M	O	D	0	9	6	7	1	4	8	2
2											6
3											

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
3	8	3	7	2	4	0	9	0	2	0	1
65	66	67	68	69	71	72	74	75	76	77	79

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)			
MR. JOHN J. POSTAL							
3. STREET OR P.O. BOX				4. CITY OR TOWN		5. ST.	
1720 S. BRENTWOOD				BRENTWOOD		MO	
						6. ZIP CODE	
						63144	

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
ALLAN A. MANTEUFFEL VICE PRESIDENT, TECHNICAL SERVICES	<i>Allan A. Manteuffel</i>	November 18, 1980

11/18/80

FORM 1. GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS				F M O D 0 9 6 7 1 4 8 2 9	
I. EPA I.D. NUMBER					
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
INSTRUCTIONS: Complete all questions, you must submit this form if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.		NOTE It is the opinion of Safety-Kleen Corp. that the used solvent materials identified herein are not wastes and therefore not hazardous wastes. To insure compliance, this application is being submitted prior to receiving clarification of the applicability of the regulations to our operation.		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES NO FORM ATTACHED		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		YES NO FORM ATTACHED		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		YES NO FORM ATTACHED		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		YES NO FORM ATTACHED		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		YES NO FORM ATTACHED		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY		C 1 SKIP		C 1 SKIP	
SAFETY KLEEN CORP. 5-160-02					
IV. FACILITY CONTACT		A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
SIMPSON, JEFFREY, ENVIR. ENGINEER		312 697 8460			
V. FACILITY MAILING ADDRESS		A. STREET OR P.O. BOX		B. CITY OR TOWN	
655 BIG TIMBER ROAD					
E.L.G.I.N.		C. STATE		D. ZIP CODE	
ILL		60120			
VI. FACILITY LOCATION		A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME	
1227 HANLEY IND. CENTER					
ST. LOUIS		C. CITY OR TOWN		D. STATE	
BRENTWOOD		MO		E. ZIP CODE	
				F. COUNTY CODE (if known)	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
(specify)										(specify)									
7	3	9	0	Business Services N.E.C.						7	1	7	2	Petroleum Product Wholesalers					
C. THIRD										D. FOURTH									
(specify)										(specify)									
5	0	8	4	Industrial Machinery & Equipment						5	0	1	3	Automotive Parts and Supplies					

VIII. OPERATOR INFORMATION

A. NAME																																								B. Is the name listed in Item VIII-A also the owner?									
S A F E T Y K L E E N C O R P E L G I N I L																																								<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										(specify)									
P										3 1 2 6 9 7 3 4 6 0																			

E. STREET OR P.O. BOX																																							
6 5 5 B I G T I M B E R R O A D																																							

F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND									
E L G I N																				I L					6 0 1 2 0					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9 N															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U															(specify)														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R															(specify)														

XI. MAP

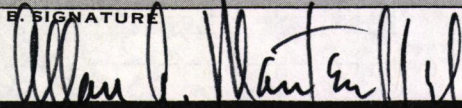
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

This location is primarily a local sales/service office and warehouse for Safety-Kleen products consisting of small parts cleaning equipment, solvent and allied products such as hand cleaner, floor cleaner, parts washing brushes, etc. Two types of parts cleaning solvent are used with our equipment. All spent solvents of both types are collected for recycling and reuse. The equipment and solvent is leased to our customers and at a regular interval clean solvent is exchanged for spent solvent and the latter is temporarily stored at this location until it is transported to our solvent plants for recycling by distillation. One of the two solvents is listed as a "hazardous waste from nonspecific sources" and is usually stored for less than 30 days in partially filled 16 gallon drums in the warehouse. For that reason this facility is classified as a storage facility.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																				B. SIGNATURE										C. DATE SIGNED									
ALLAN A. MANTEUFFEL, VICE PRESIDENT TECHNICAL SERVICES																														November 18, 1980									

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY																																							

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)		I. EPA I.D. NUMBER FMOD096714829	
FOR OFFICIAL USE ONLY					
APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)		COMMENTS	
23		24		29	
II. FIRST OR REVISED APPLICATION					
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.					
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)					
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)			<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)		
71			71		
C 8 YR. 73 MO. 09 DAY 01			FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		
15 73 74 75 76 77 78			YR. MO. DAY 73 74 75 76 77 78		
B. REVISED APPLICATION (place an "X" below and complete Item I above)					
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS			<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT		
72			72		
III. PROCESSES - CODES AND DESIGN CAPACITIES					
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).					
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.					
1. AMOUNT - Enter the amount.					
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.					
PROCESS		PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	
Storage:				Treatment:	
CONTAINER (barrel, drum, etc.)		S01	GALLONS OR LITERS	T01	
TANK		S02	GALLONS OR LITERS	T02	
WASTE PILE		S03	CUBIC YARDS OR CUBIC METERS	T03	
SURFACE IMPOUNDMENT		S04	GALLONS OR LITERS	T04	
Disposal:				OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	
INJECTION WELL		D79	GALLONS OR LITERS	T04	
LANDFILL		D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	GALLONS PER DAY OR LITERS PER DAY	
LAND APPLICATION		D81	ACRES OR HECTARES		
OCEAN DISPOSAL		D82	GALLONS PER DAY OR LITERS PER DAY		
SURFACE IMPOUNDMENT		D83	GALLONS OR LITERS		
UNIT OF MEASURE		UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	
GALLONS		G	LITERS PER DAY	ACRE-FEET	
LITERS		L	TONS PER HOUR	HECTARE-METER	
CUBIC YARDS		Y	METRIC TONS PER HOUR	ACRES	
CUBIC METERS		C	GALLONS PER HOUR	HECTARES	
GALLONS PER DAY		U	LITERS PER HOUR		
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.					
S C DUP T/A C 1					
1 2 13 14 15					
B. PROCESS DESIGN CAPACITY					
A. PRO- CESS CODE (from list above)		1. AMOUNT (specify)		2. UNIT OF MEA- SURE (enter code)	
FOR OFFICIAL USE ONLY		FOR OFFICIAL USE ONLY		FOR OFFICIAL USE ONLY	
LINE NUMBER		LINE NUMBER		LINE NUMBER	
16 - 18 19		27		28	
29 - 32		29 - 32		29 - 32	
X-1 S 0 2		600		G	
X-2 T 0 3		20		E	
1 S 0 1		2000		G	
2					
3					
4					
16 - 18 19		27		28	
29 - 32		29 - 32		29 - 32	

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic or toxic contaminant** entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
 POUNDS. P
 TONS. T

METRIC UNIT OF MEASURE **CODE**
 KILOGRAMS. K
 METRIC TONS. M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

V. FACILITY DRAWING

VI. PHOTOGRAPHS

VII. FACILITY GEOGRAPHIC LOCATION

090	20	19W
72 = 74	75 76	77 = 78

VIII. FACILITY OWNER

- B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

314-962-9992

6	3	1	4	4
---	---	---	---	---

IX. OWNER CERTIFICATION

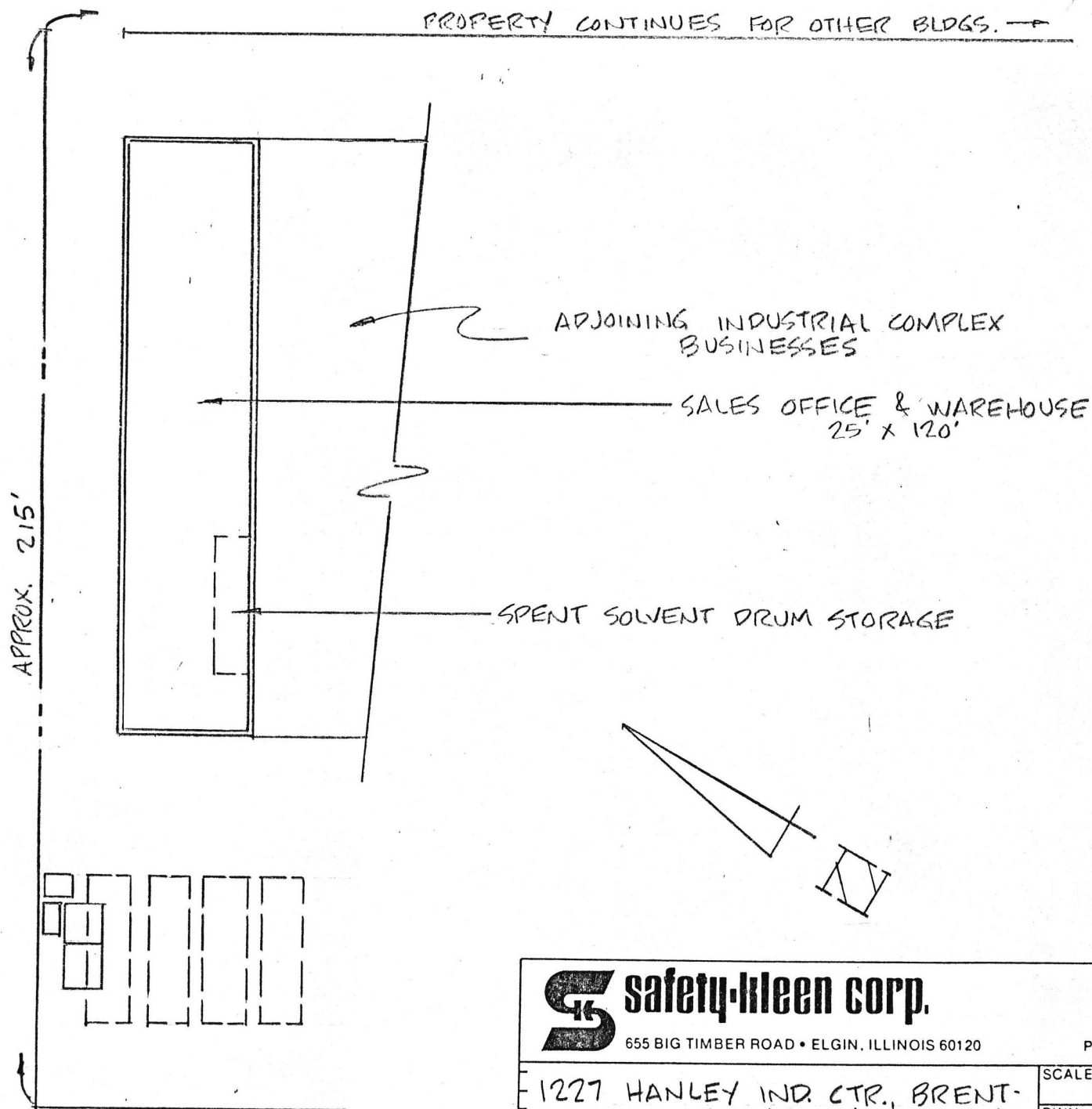
as assurance that your

X. OPERATOR CERTIFICATION

November 18, 1980

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

[illegible]


safety-kleen corp.

655 BIG TIMBER ROAD • ELGIN, ILLINOIS 60120

PHONE 312/697-8460

 1227 HANLEY IND. CTR., BRENT-
WOOD, MO. 63144 (5-160-90)

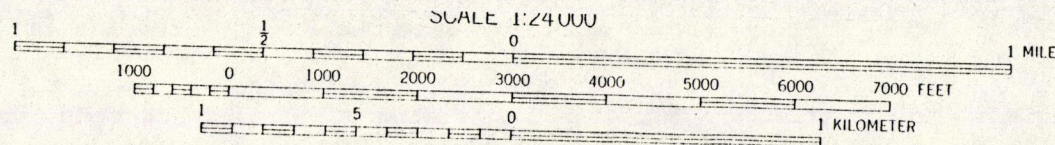
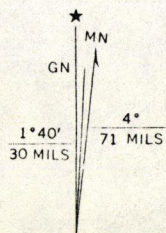
SCALE 1" = 30'-0"

DWN. WLJ

 DATE
11-10-80

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

STATE OF MISSOURI
GEOLOGICAL SURVEY AND WATER RESOURCES



WEST GROVES, MO.-ILL.
N3830-W9015/7.5

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